

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp RECEIVED 2006 NOV -1 AM 9:12 CITY CLERK CITY OF LODI	CALIFORNIA FORM 460 Page <u>1</u> of <u>2</u> For Official Use Only
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SEE INSTRUCTIONS ON REVERSE

Statement covers period from <u>Jan. 1, 2006</u> through <u>Sep. 30, 2006</u>	Date of election if applicable: (Month, Day, Year) <u>Nov. 7, 2006</u>
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1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee
<input type="checkbox"/> State Candidate Election Committee
<input type="checkbox"/> Recall
(Also Complete Part 5) | <input type="checkbox"/> Primarily Formed Ballot Measure Committee
<input type="checkbox"/> Controlled
<input type="checkbox"/> Sponsored
(Also Complete Part 6) |
| <input type="checkbox"/> General Purpose Committee
<input type="checkbox"/> Sponsored
<input type="checkbox"/> Small Contributor Committee
<input type="checkbox"/> Political Party/Central Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7) |

2. Type of Statement:

- | | |
|--|---|
| <input type="checkbox"/> Preelection Statement
<input type="checkbox"/> Semi-annual Statement
<input type="checkbox"/> Termination Statement
(Also file a Form 410 Termination) | <input type="checkbox"/> Quarterly Statement
<input type="checkbox"/> Special Odd-Year Report
<input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
|--|---|

☒ Amendment (Explain below)

Corrections to Cover Page & Summary Page.

3. Committee Information

I.D. NUMBER
1290555

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

KEVIN STEVENS FOR CITY COUNCIL

STREET ADDRESS (NO P.O. BOX)

1408 GRAFFIGNA AVE.

CITY STATE ZIP CODE AREA CODE/PHONE

LODI, CA 95242-2461 209.333.6800 X9333

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

PO Box 1383

CITY STATE ZIP CODE AREA CODE/PHONE

LODI, CA 95241-1383

OPTIONAL: FAX / E-MAIL ADDRESS

KEVIN4COUNCIL@TELNET.COM.US

Treasurer(s)

NAME OF TREASURER

KEVIN E. STEVENS

MAILING ADDRESS

PO Box 1383

CITY STATE ZIP CODE AREA CODE/PHONE

LODI, CA 95241-1383 209.333.0145

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 30 Oct 2006
Date

Executed on 30 Oct 2006
Date

Executed on _____
Date

Executed on _____
Date

By [Signature]
Signature of Treasurer or Assistant Treasurer

By [Signature]
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

KEVIN STEVENS FOR CITY COUNCIL

Statement covers period
from Jan 1, 2006
through Sep 30, 2006

CALIFORNIA
FORM 460

Page 2 of 2

I.D. NUMBER

1290555

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ 1422 ⁰⁰	\$ 1422 ⁰⁰
2. Loans Received Schedule B, Line 3	\$ 0	\$ 0
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 1422 ⁰⁰	\$ 1422 ⁰⁰
4. Nonmonetary Contributions Schedule C, Line 3	\$ 0	\$ 0
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 1422 ⁰⁰	\$ 1422 ⁰⁰

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

1/1 through 6/30 7/1 to Date

20. Contributions Received \$ _____ \$ _____
21. Expenditures Made \$ _____ \$ _____

Expenditures Made

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made Schedule E, Line 4	\$ 1107 ⁰⁰	\$ 1107 ⁰⁰
7. Loans Made Schedule H, Line 3	\$ 0	\$ 0
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 1107 ⁰⁰	\$ 1107 ⁰⁰
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	\$ 2523.96	\$ 2523.96
10. Nonmonetary Adjustment Schedule C, Line 3	\$ 0	\$ 0
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 3630.96	\$ 3630.96

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy) Total to Date
_____/_____/_____ \$ _____
_____/_____/_____ \$ _____

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ 0
13. Cash Receipts Column A, Line 3 above	\$ 1422 ⁰⁰
14. Miscellaneous Increases to Cash Schedule I, Line 4	\$ 0
15. Cash Payments Column A, Line 8 above	\$ 1107 ⁰⁰
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 315 ⁰⁰

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ 0
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$ 0
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ 2523.96

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

*Amounts in this section may be different from amounts reported in Column B.